2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State
03-02-2007 90012 005 ***150.00

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1. Entity Name
SANDVIRG CORP

400210
02112007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
~~2631 W EVERGLADE DR MIRAMAR, FL 33021~~	~~2631 W EVERGLADE DR MIRAMAR, FL 33021~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2631 Everglade Dr.	2631 Everglade Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miramar, FL	City & State: Miramar, FL
Zip: 33023 Country: BROWARD	Zip: 33023 Country: BROWARD

4. FEI Number: 20-3606456 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANDOVAL, VIRGILIO
2631 W EVERGLADE DR
MIRAMAR, FL 33021

7. Name and Address of New Registered Agent

Name: Sandoval, Virgilio
Street Address (P.O. Box Number is Not Acceptable): 2631 Everglade Dr
City: Miramar FL Zip Code: 33023

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature]

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDOVAL, VIRGILIO 2631 W EVERGLADE DR MIRAMAR, FL 33021 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, President Sandoval, Virgilio 2631 Everglade Dr Miramar, FL 33023 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR